

REFUND/CANCELLATION REQUEST

- Use this form to request a refund of your GET Account. Only the Account Owner may request a refund.
- Review the attached GET Refund and Cancellation Policy before completing this form.
- Depending on the reason for the request, your refund may be subject to the following:
 - Program penalties of \$100 or 10% of the earnings (whichever is greater), plus a \$10 cancellation fee, and \$1.70 for each month the account was open;
 - IRS tax penalty – the earnings portion may be taxed as ordinary income and subject to a 10% penalty payable to the IRS.
- Forms filled out correctly will be processed in 3-6 weeks. Processing may take longer if additional information or corrections are needed.

Current Account Information

Account Owner _____ Account Number(s) _____
 Telephone Numbers Home _____ Work _____ Student Beneficiary Name(s) _____

Request for Cancellation and Refund

I hereby request a refund of _____ Units based on the following criteria: (Please choose only one.)

- | | |
|---|--|
| <input type="checkbox"/> Death of Student Beneficiary: include copy of death certificate. | <input type="checkbox"/> Within 3 days: see policy for criteria. |
| <input type="checkbox"/> Disability of Student Beneficiary: include copy of medical documentation. | <input type="checkbox"/> Within 6 months: see policy for criteria. |
| <input type="checkbox"/> Scholarship: include copy of scholarship award. | <input type="checkbox"/> \$500 or less: see policy for criteria. |
| <input type="checkbox"/> Graduation/Program Completion: include copy of certificate/diploma. | <input type="checkbox"/> Bankruptcy: include copy of bankruptcy filing and letter from trustee. |
| <input type="checkbox"/> Non-Attendance: refund will be held for 90 days before processing | <input type="checkbox"/> Financial Hardship**: <ul style="list-style-type: none"> • **Documentation required • Excludes bankruptcy • See policy for criteria |
| <input type="checkbox"/> Meets 2-year waiting period requirement. | |
| <input type="checkbox"/> My Account balance is zero. Cancel my Account. | |

Payment Arrangements

- ☐ **Inactivate ACH** Please inactivate the Automatic Monthly Withdrawal (ACH) associated with this GET Account.
Note: We cannot guarantee that this will be cancelled in time for the next scheduled withdrawal. Call us for details.
- ☐ **Payroll Deduction** To inactivate your payroll deduction, you must complete and submit the **Payroll Deduction Form** to your payroll office.
Note: Contact your payroll office to confirm the end date for your payroll deduction.

Make refund check payable to: ☐ Account Owner ☐ Student Beneficiary

Please provide current contact information below for the person receiving the refund check.

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number(s): _____

Account Owner's Signature - Required

I certify that:

- I am the Account Owner of the GET Account listed above.
- I authorize GET to issue the requested refund.
- I have read, fully understand and agree to all terms and conditions of the GET Master Agreement and GET Program Details.

Account Owner's Signature (Notary must witness signature.) _____

Date _____

Notary Section - Required

State of _____
 County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Printed Name _____

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

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Questions: GETInfo@wsac.wa.gov or 1.800.955.2318